

**RYAN WHITE TITLE I PROGRAM**  
**Letter of Medical Necessity for Pantoprazole**  
**(Must be completed by a Gastroenterologist)**

Date: \_\_\_\_\_

I, a Board-Certified gastroenterologist, hereby certify that \_\_\_\_\_, is a patient under my care who requires Protonix 40 mg for the treatment of Erosive Esophagitis, or Barrett's Esophagus, or a hypersecretory condition. I certify that a proton pump inhibitor is medically necessary.

Sincerely,

\_\_\_\_\_, M.D. (DO)

\_\_\_\_\_  
Print Physician's name

\_\_\_\_\_  
Florida Medical License # (MEO#)

\_\_\_\_\_  
Patient's 10 digit Medicaid # (if applicable)

\_\_\_\_\_  
Patient's CIS # (assigned by the Ryan White Title I Service  
Delivery Information System)

This letter **must** be completed each time a new Protonix prescription is written to treat any of the conditions indicated above. It is not required for refills.

**Please note:** All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I Professional Service Agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.